| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 155703 | A. BUILDING 00<br>B. WING | 08/29/2011 |

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| F0000 | This visit was for a Recertification and State Licensure Survey.<br><br>Survey Dates: August 22, 23, 24, 25, 26, 29, 2011<br><br>Facility Number: 003240<br>Provider Number: 155703<br>AIM Number: N/A<br><br>Survey Team:<br>Martha Saull, RN TC<br>Terri Walters, RN<br>Carole McDaniel, RN<br>Ann Marie Crays, RN<br><br>Census Bed Type:<br>SNF: 22<br>Residential: 39<br>Total: 61<br><br>Census Payor Type:<br>Medicare: 8<br>Other: 53<br>Total: 61<br><br>Stage 2 Sample: 14<br>Residential Sample: 7<br><br>These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2 | F0000 | This plan of correction is to serve as Brookside Village's credible allegation of compliance.Submission of this plan of correction does not constitute an admission by Brookside Village or its management company that the allegations contained in this survey report is a true and accurate portrayal of the provision of nursing care and other services in this community. Nor does this submission constitute an agreement or admission of the survey allegations. | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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| | Quality review completed on August 31, 2011 by Bev Faulkner, RN | | | |
| F0282 SS=G | The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.<br>Based on observation, interview and record review, the facility failed to follow the resident's plan of care by not monitoring the skin under a resident's immobilizer, allowing a pressure area to develop, for 1 of 14 residents reviewed for implementation of care plans.<br><br>Resident # 51<br><br>Findings include:<br><br>1. The clinical record of Resident # 51 was reviewed on 8/24/11 at 9:30 A.M. The resident was admitted to the facility on 6/5/11 with diagnoses including, but not limited to, Distal femur fracture.<br><br>Physician orders, dated 6/5/11, indicated, "Immobilizer [left] knee @ all x's [times] may remove for bathing."<br><br>A "Skin At Risk Assessment, dated | F0282 | F282 483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN I. The plan of care for resident #51 is being followed regarding monitoring the skin under an immobilizer. II. All residents with an immobilizer device have been identified and are receiving thorough skin assessments and preventative care to prevent pressure ulcers per the plan of care. In addition, a facility wide skin sweep has been conducted and no other pressure areas were found. III. The systemic change includes: · Skin sheets are being utilized at least weekly by the C.N.A.s during the resident's shower/bath. Any area of concern will be assessed by the nurse and reported to nursing management. · Weekly skin assessments are also being completed weekly by licensed nurses to include visual inspection of skin under any removable immobilizer, splint or similar device per the plan of care. · New admissions and residents with a significant change that require an | 09/28/2011 |

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| | 6/5/11, indicated the resident did not have a pressure ulcer.<br><br>A Care Plan, dated 6/5/11, indicated a problem of "Potential for skin breakdown r/t [related to] [left blank]..." The Approaches/Interventions included: "Monitor skin q [every] shift...Monitor resident skin and report any changes to the MD...."<br><br>An Occupational Therapy Progress note, dated 6/6/11, indicated, "...Precautions:...immobilizer to L [left] knee at all times except bathing...."<br><br>A Physical Therapy Plan of Treatment, dated 6/6/11, indicated, "...Precautions: ...immobilizer to left knee at all times - no motion of any kind at knee...."<br><br>A Weekly Skin Inspection Tool, dated 6/16/11, indicated, "...Skin integrity [sic] good. Interventions, Pressure Reduction Mattress, Pressure Reduction Chair Cushion, Pillows for positioning, Incontinence Care. 0 new areas to skin noted...."<br><br>A "Skin - Pressure Ulcer Documentation," dated 6/22/11, indicated, "...Observation date: 6/22/11...Description, Left posterior | | immobilizer device will be discussed during the weekly interdisciplinary meeting for appropriate interventions, care planning and implementation of preventative care. · New orders, new admissions and significant changes will be discussed at the daily (Monday thru Friday) clinical meeting to target residents with an immobilizer for changes in interventions and care planning. · Any resident with an immobilizer will have documented skin checks every shift, as the physician orders for removal of the immobilizer allow, per the plan of care. Any concern with the fitting of an immobilizer will be addressed with the physician. Education will be provided to nursing staff including: · the use of the new skin sheets during resident bathing and assessment of the skin if any concerns are found · weekly skin assessments with emphasis on immobilizer removal for skin inspection per the plan of care · Documentation of every shift skin checks below the immobilizer on a resident with an immobilizer as the physician orders allow and addressing any concern with the fitting of an immobilizer with the physician. IV. The DON and/or designee will audit:-For completion of weekly skin sheets with the resident's bathing and follow up if indicated by the licensed nurse weekly for 12 months. -For completion of weekly skin | |

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| | ankle/heel...Stage 3, Size (Length x Width x Depth) 2 x 3 x 0.3 cm [centimeters], 6 x 3.8 cm. Exudate [drainage], Moderate. Exudate - color, Purulent. Wound Odor, Foul...Area suspected deep tissue injury measures 6 x 3.8 cm, with center Stage 3 pressure area of 2 x 3 x 0.3 cm, center of wound yellow with slough present, slight odor present...."<br><br>A Resident Progress Note, dated 6/22/11 at 2:23 P.M., indicated, "M.D. paged re: area to left posterior ankle/heel new order received et [and] noted...."<br><br>On 8/24/11 at 12:30 P.M., PTA [Physical Therapist Assistant] # 1 and the OT [Occupational Therapist] were interviewed. PTA # 1 indicated the resident received physical and occupational therapy, and the resident's immobilizer was not to be removed except for bathing. PTA # 1 indicated the immobilizer was too long, and caused an area on the resident's heel area. PTA # 1 and the OT indicated they did not remove the immobilizer or adjust the immobilizer during therapy, except for unfastening it during treatment. The OT and PTA # 1 indicated they did not inspect the skin during therapy. | | assessments, per the plan of care, by licensed nurses and follow up if indicated weekly x 12 months.-For new admissions, residents with significant change, and new orders that require use of an immobilizer device for weekly skin assessments and every shift skin checks below the device as the physician orders allow as well as notification of the physician with any concern regarding the fitting of an immobilizer timely weekly for 12 months.Results of all audits will be reported to the Quality Assurance Committee monthly to assist with additional recommendations if necessary.Compliance Date: September 28, 2011 | |

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| | On 8/24/11 at 1:18 P.M., CNA # 3 was interviewed. CNA # 3 indicated she took care of Resident # 51 when he first came in. CNA # 3 indicated the CNAs did not remove the immobilizer. CNA # 3 indicated the resident had showers, and the staff would cover the immobilizer with a plastic bag.<br><br>On 8/24/11 at 2:12 P.M., LPN # 4 was interviewed. She indicated the resident developed two areas from the immobilizer. LPN # 4 indicated the staff would have removed the immobilizer for bathing. LPN # 4 indicated she was unsure how the staff performed the weekly skin assessments.<br>The resident's pressure ulcer was observed at that time. The pressure ulcer was located on the back of the resident's left upper heel/Achilles tendon area. The pressure ulcer was observed to be open, with a pink wound bed which contained yellow tissue. A small pinpoint, closed, dark area was observed above the pressure area. The resident indicated at that time, "The brace was too long and it rubbed."<br><br>On 8/25/11 at 9:25 A.M., during interview with RN # 1, she indicated, "Therapy removed the immobilizer | | | |

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| | and found the pressure area. I initially assessed it."<br>RN # 1 indicated she did not recall doing weekly skin assessments on the resident, and was unsure if staff removed the immobilizer during skin assessments.<br><br>On 8/25/11 at 11:40 A.M., during interview with the Director of Nursing [DON], she indicated, "We did not have the CNAs remove the immobilizer." The DON indicated the nursing staff performed dressing changes nightly on the resident's knee and thigh area, and would have removed the immobilizer at that time. The DON indicated she did not know if a thorough skin assessment was performed, but that staff was trained on head-to-toe assessments. The DON indicated she probably would have staged the area as unstageable.<br><br>3.1-35(g)(2) | | | |

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| F0309 SS=D | Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.<br>Based on observation, interview and record review, the facility failed to provide scheduled repositioning for 1 of 2 residents who met the criteria for repositioning needs from a Stage 2 sample of 14. Resident #23<br><br>Findings include:<br><br>The clinical record of Resident # 23 was reviewed on 8/24/11 at 8:30 A.M. Diagnosis included but was not limited to Bladder cancer with urostomy and cystostomy. The 7/14/11 Minimum Data Set Assessment (MDS) indicated the resident's impaired bed mobility required that he have extensive assistance of 2 or more persons to turn from side to side or position his body while in bed.<br><br>The 8/18/11 Care Plan addressed comfort and transferring mobility and provided approaches which were included on the nurse aide assignment sheets for direction of ADL (Activity of Living ) care to be implemented. The nurse aide assignment sheet being utilized by CNA #1 was reviewed on 8/24/11 at | F0309 | F309 483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING I. Resident #23 was a terminally ill resident receiving hospice services and expired during the survey process.II. Residents requiring turning and repositioning every two hours have been identified, and are being turned appropriately per the plan of care. III. The systemic change includes that the charge nurse will complete resident rounds every two hours to observe for compliance in the resident's turning and repositioning needs. Education was provided to nursing staff regarding following assigned turning and positioning programs per the plan of care. IV. The DON or her designee will complete a Quality Improvement Audit tool to monitor turning and repositioning of identified residents. This audit will be conducted on six residents per day, five times weekly for 30 days, then three times weekly for 60 days, then weekly for an additional 90 days. This audit will continue one time a week for a total of 12 months of monitoring. Results of all audits will be reported to the Quality Assurance Committee monthly to assist with | 09/28/2011 |

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| | 3:00 P.M. It indicated Resident #23 was to be turned and repositioned every 2 hours.<br><br>By observation on 8/24/11 for a period of 4 hours from 8:40 A.M. until 12:40 P.M., repositioning was not attempted. The resident slept on his back with the head of the bed elevated 25 to 30 degrees. He was awaken briefly at 12:05 P.M., when LPN# 1 rolled the head of the bed up 45 to 50 degrees and attempted unsuccessfully to feed the resident. She then rolled the head of the bed back to its original position and left the resident on his back. The resident did not display signs of discomfort during that movement.<br><br>At 12:40 p.m., on 8/24/11, LPN # 3 was informed of the positioning need and at 1:05 P.M., and with the help of CNA #2 changed the resident's abdominal dressing and repositioned the resident. During the initial movement of rolling his body weight to his right, he did moan. His face then relaxed when settled and he promptly returned to sleep.<br><br>The last nurse note entry regarding pain control and repositioning before the observation noted above was by | | additional recommendations if necessary.COMPLIANCE DATE:September 28, 2011 | |

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| | LPN # 2 on 8/24/11 at 2:55 A.M.. "Positive effect noted to Lortab given at 11:30 P.M. No respiratory distress noted. Resident turned and repositioned every 2 hours...."<br><br>3.1-37(a) | | | |

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| F0314 SS=G | Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing.<br>Based on observation, interview and record review, the facility failed to ensure a thorough skin assessment was performed on a resident who required a leg immobilizer, resulting in the development of a Stage 3 pressure ulcer from the immobilizer for 1 of 1 residents reviewed for pressure ulcers in a Stage 2 sample of 14. Resident # 51<br><br>Findings include:<br><br>**1. "Stages of Pressure Ulcers," AMDA-2008, includes: "<u>Suspected Deep Tissue Injury:</u>** Purple or maroon localized area of discolored intact skin or blood filled blister due to damage of underlying soft tissue from pressure and shear. The area may be preceded by tissue that is painful, firm, mushy, boggy, warmer or cooler as compared to adjacent tissues...<br>**<u>Stage III:</u>** Full thickness tissue loss. Subcutaneous fat may be visible but bone, tendon or muscle is not | F0314 | F314 483.25( c) TREATMENT /SVCS TO PREVENT/HEAL PRESSURE SORES I. Resident # 51 has had a complete skin assessment performed and is receiving appropriate treatment, weekly skin assessments, and preventative care. There is evidence on the weekly wound assessments that the wound is healing.II. All residents with an immobilizer device have been identified and are receiving thorough skin assessments and preventative care to prevent pressure ulcers. In addition, a facility wide skin sweep has been conducted and no other pressure areas were found.III. The systemic change includes: · Skin sheets are being utilized at least weekly by the C.N.A.s during the resident's shower/bath. Any area of concern will be assessed by the nurse and reported to nursing management. · Weekly skin assessments are also being completed weekly by licensed nurses to include visual inspection of skin under any removable immobilizer, splint or similar device. · New admissions | 09/28/2011 |

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| | exposed. Slough may be present but does not obscure the depth of tissue loss. May include undermining and tunneling. Note: The depth of a Stage III or IV varies by anatomical location. The bridge of the nose, ear, occiput and malleolus do not have subcutaneous tissue and these ulcers can be shallow. **Unstageable:** Full thickness tissue loss in which the base of the ulcer is covered by slough (yellow, tan, gray, green, or brown) and/or eschar (tan, brown or black) in the ulcer bed.<br><br>2. The clinical record of Resident # 51 was reviewed on 8/24/11 at 9:30 A.M. The resident was admitted to the facility on 6/5/11 with diagnoses including, but not limited to, Distal femur fracture.<br><br>A hospital transfer sheet, dated 6/5/11, indicated the resident did not have a pressure ulcer on the left heel area.<br><br>Physician orders, dated 6/5/11, indicated, "Immobilizer [left] knee @ all x's [times] may remove for bathing."<br><br>A "Skin At Risk Assessment, dated 6/5/11, indicated the resident did not have a pressure ulcer. | | and residents with a significant change that require an immobilizer device will be discussed during the weekly interdisciplinary meeting for appropriate interventions, care planning and implementation of preventative care. · New orders, new admissions and significant changes will be discussed at the daily (Monday thru Friday) clinical meeting to target residents with an immobilizer for changes in interventions and care planning. · Any resident with an immobilizer will have documented skin checks every shift, as the physician orders for removal of the immobilizer allow. Any concern with the fitting of an immobilizer will be addressed with the physician. Education will be provided to nursing staff including: · The use of the new skin sheets during resident bathing and assessment of the skin if any concerns are found · Weekly skin assessments with emphasis on immobilizer removal for skin inspection · Documentation of every shift skin checks below the immobilizer on a resident with an immobilizer as the physician orders allow and addressing any concern with the fitting of an immobilizer with the physician. IV. The DON and/or designee will audit:-For completion of weekly skin sheets with the resident's bathing and follow up if indicated by the licensed nurse weekly for 12 | |

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| | A Care Plan, dated 6/5/11, indicated a problem of "Potential for skin breakdown r/t [related to] [left blank]..." The Approaches/Interventions included: "Monitor skin q [every] shift...Monitor resident skin and report any changes to the MD...."<br><br>An Occupational Therapy Progress note, dated 6/6/11, indicated, "...Precautions:...immobilizer to L [left] knee at all times except bathing...."<br><br>A Physical Therapy Plan of Treatment, dated 6/6/11, indicated, "...Precautions: ...immobilizer to left knee at all times - no motion of any kind at knee...."<br><br>An initial Minimum Data Set [MDS] assessment, dated 6/12/11, indicated the resident required extensive assistance of two + staff for bed mobility and transfer. The MDS assessment indicated the resident did not have pressure ulcers.<br><br>A Weekly Skin Inspection Tool, dated 6/16/11, indicated, "...Skin integrity [sic] good. Interventions: Pressure Reduction Mattress, Pressure Reduction Chair Cushion, Pillows for positioning, Incontinence Care. 0 | | months. -For completion of weekly skin assessments by licensed nurses and follow up if indicated weekly x 12 months. -For new admissions, residents with significant change, and new orders that require use of an immobilizer device for weekly skin assessments and every shift skin checks below the device as the physician orders allow as well as notification of the physician with any concern regarding the fitting of an immobilizer timely weekly for 12 months. Results of all audits will be reported to the Quality Assurance Committee monthly to assist with additional recommendations if necessary.COMPLIANCE DATE:September 28, 2011 | |

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| | new areas to skin noted...."<br><br>A "Skin - Pressure Ulcer Documentation" dated 6/22/11, indicated, "...Observation date: 6/22/11...Description, Left posterior ankle/heel...Stage 3, Size (Length x Width x Depth) 2 x 3 x 0.3 cm [centimeters], 6 x 3.8 cm, Exudate [drainage], Moderate, Exudate - color, Purulent, Wound Odor, Foul...Area suspected deep tissue injury measures 6 x 3.8 cm, with center stage 3 pressure area of 2 x 3 x 0.3 cm, center of wound yellow with slough present, slight odor present...."<br><br>A Resident Progress Note, dated 6/22/11 at 2:23 P.M., indicated, "M.D. paged re: area to left posterior ankle/heel new order received et [and] noted...."<br><br>On 8/24/11 at 12:30 P.M., PTA [Physical Therapist Assistant] # 1 and the OT [Occupational Therapist] were interviewed. PTA # 1 indicated the resident received physical and occupational therapy, and the resident's immobilizer was not to be removed except for bathing. PTA # 1 indicated the immobilizer was too long, and caused an area on the resident's heel area. PTA # 1 and the OT indicated they did not remove the | | | |

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| | immobilizer or adjust the immobilizer during therapy, except for unfastening it during treatment. The OT and PTA # 1 indicated they did not inspect the skin during therapy.<br><br>On 8/24/11 at 1:18 P.M., CNA # 3 was interviewed. CNA # 3 indicated she took care of Resident # 51 when he first came in. CNA # 3 indicated the CNAs did not remove the immobilizer. CNA # 3 indicated the resident received showers, and the staff would cover the immobilizer with a plastic bag.<br><br>On 8/24/11 at 2:12 P.M., LPN # 4 was interviewed. She indicated the resident developed two areas from the immobilizer. LPN # 4 indicated the staff would have removed the immobilizer for bathing. LPN # 4 indicated she was unsure how the staff performed the weekly skin assessments.<br>The resident's pressure ulcer was observed at that time. The pressure ulcer was located on the back of the resident's left upper heel/Achilles tendon area. The pressure ulcer was observed to be open, with a pink wound bed which contained yellow tissue. A small pinpoint, closed, dark area was observed above the pressure area. The resident indicated | | | |

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| | at that time, "The brace was too long and it rubbed."<br><br>On 8/25/11 at 9:25 A.M., during interview with RN # 1, she indicated, "Therapy removed the immobilizer and found the pressure area. I initially assessed it." RN # 1 indicated she did not recall doing weekly skin assessments on the resident, and was unsure if staff removed the immobilizer during skin assessments.<br><br>On 8/25/11 at 11:40 A.M., during interview with the Director of Nursing [DON], she indicated, "We did not have the CNAs remove the immobilizer." The DON indicated the nursing staff performed dressing changes nightly on the resident's knee and thigh area, and would have removed the immobilizer at that time. The DON indicated she did not know if a thorough skin assessment was performed, but that staff was trained on head-to-toe assessments. The DON indicated she probably would have staged the area as unstageable.<br><br>3. The facility policy on "Skin Care and Pressure/Non-Pressure Ulcer Management Program," revised April 2011, was obtained from the Director of Nursing [DON] on 8/26/11 at 10:30 A.M. The policy included: | | | |

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| | "...Managing a skin prevention program is dependent upon many factors. There are certain clinical conditions along with limited mobility that may contribute to the development of pressure ulcers. These conditions may include, but are not limited to the following:...Cast or splint...Identify individual risk factors to direct specific interventions and plan care according to individual factors...The resident's skin should be checked daily paying particular attention to boney [sic] prominences. This can most easily accomplished during daily care...A licensed nurse should inspect skin on a weekly schedule and document findings...."<br><br>3.1-40(a)(1) | | | |

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| F0329 SS=D | Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above.<br><br>Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.<br>Based on interview and record review, the facility failed to ensure adequate indications for the use of an anti-anxiety medication for 2 of 5 residents reviewed for psychoactive meds in a sample of 5 who met the criteria from the Stage 2 sample of 14. Resident # 52 and Resident # 37<br><br>Findings include:<br><br>1. The clinical record of Resident # 52 was reviewed on 8/24/11 at 11:10 A.M. Diagnoses included, but were not limited to, Fracture of Lumbar Vertebra and Muscle Weakness. | F0329 | F329 483.25(l) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS I. Resident #52 and #37 no longer reside at the facility. II. All residents receiving antianxiety medication have been identified and reviewed for adequate indications for the use of the medication. III. The systemic change includes: · The community's consulting PharmD will continue to review antianxiety medication utilization for all residents on a monthly and as needed basis. · The community's "At Risk" weekly interdisciplinary meeting will include all residents receiving antianxiety medication for review of diagnosis for use, and appropriateness of use per | 09/28/2011 |

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| | Resident Progress Notes included the following notations:<br><br>8/8/11 at 5:57 A.M.: "Res. [resident] used bedpan for the fifth time tonight, voided qs [quantity sufficient]...reminded to call for help...."<br><br>8/8/11 at 4:17 A.M.: "Restless night - Acetaminophen 1000 mg given for relief of back pain [sic]...refusing to get up to b/r [bathroom], used bp [bedpan] x 5, voiding sm amts...."<br><br>8/8/11 at 11:27 A.M.: "...called [name of physician]...that son request mother to have sleeping pill. Waiting to call back from [physician's] office."<br><br>A Physician's order, dated 8/8/11, indicated, "Xanax [an anti-anxiety medication] 0.125 mg Q HS [every bedtime]."<br><br>A Care Plan, dated 8/8/11 and "Edited 8/23/11", indicated a problem of "Resident is showing signs and symptoms of mood distress as evidenced by insomnia/change in usual sleep pattern. Resident prescribed Xanax for anxiety/sleep. Family requested medication for sleep." The Approaches included: | | current clinical practice guidelines based on Federal Regulation and Pharmacy consultant recommendations. · The Social Service Director and/or her designee will maintain a log of all anti-anxiety medications being used within the facility with order date, diagnosis for use, and gradual dose reduction history. The log will be updated and discussed daily (Monday thru Friday) at the clinical meeting with emphasis on adequate indication for the use of the medication. The progress notes and behavioral symptoms documentation for all residents will be reviewed daily (Monday thru Friday) at the clinical meeting as a means to identify opportunity to request adjustments to the medication. Education will be provided for licensed nurses and Social Service personnel regarding adequate indication for the use of an anti-anxiety medication. IV. The Social Service Director or designee will audit documentation on all residents receiving antianxiety medication, with emphasis on an adequate indication for the use of the medication weekly for 12 months. Any concerns will be addressed. Results of all audits will be reported to the Quality Assurance Committee monthly to assist with additional recommendations if necessary.COMPLIANCE DATE:September 28, 2011 | |

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| | "Created: 8/23/11 Assess/record chief sleep problem (e.g. over-sleeping, difficulty falling asleep, frequent awakening...)...."<br><br>A Physician's order, dated 8/19/11, indicated, "Dx [diagnosis]: anxiety/insomnia - Xanax QHS for this."<br><br>A Urinalysis was obtained on 8/19/11, which indicated the resident had a Urinary Tract Infection.<br><br>The Nursing Spectrum Drug Handbook, 2010, indicated: "Xanax...Indications and dosages, Anxiety disorders...Precautions: Use cautiously in:...elderly patients...."<br><br>On 8/25/11 at 10:00 A.M., during interview with the Director of Nursing [DON] and Administrator, the DON indicated the resident was frequently disagreeable with staff. The DON did not provide further information regarding the use of the Xanax.<br><br>2. The clinical record of Resident # 37 was reviewed on 8/24/11 at 11:30 a.m. Resident #37 was admitted to the facility on 4/15/11. His admission diagnoses included but were not | | | |

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| | limited to: chronic depressive and anxiety disorders.<br><br>His admission physician orders (4/15/11) included, but were not limited to:Celexa (antidepressant medication) 40 mg orally once daily for depression, and Ativan 1 mg (anti-anxiety) orally at bedtime (anxiety).<br><br>Review of August MAR (Medication Administration Record) indicated Resident #37 was still receiving these two psychoactive medications, since admission 4/15/11.<br><br>Pharmacy reviews of April, May, June, and July 2011 lacked documentation of recommendations regarding the drug, Ativan.<br><br>Resident #37's current care plan (initiation date 7/06/11) included problem :<br>"Resident has a diagnoses of anxiety and depression. He takes Ativan, Remeron, and Celexa. Resident has a history of thoughts of being better off dead, thoughts of self harm, and being tearful at times." Interventions included but were not limited to:<br>"Give medications as ordered. Monitor effectiveness and report side effects. Observe for S/S (signs and | | | |

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| | symptoms) of depression--change in eating, sleeping, and respond to pleasure or anxiety."<br><br>The social service assessments, dated 7/1/11( most current), 6/2/11, 4/25/11, and 4/22/11, addressed the medication Ativan 1 mg every bedtime for anxiety/insomnia. These assessments indicated the resident had trouble sleeping over the last 2 weeks with trouble falling or staying asleep which had occurred 2 of 6 days.<br><br>On 8/26/11 at 8:45 A.M., the facility drug book entitled, "Mosby's 2012 Nursing Drug Reference" was reviewed pages 715-717, in regard to the medication, Ativan. Dosage for insomnia (adult): "... only minimally effective after 2 wk (week) continuous therapy." "...Evaluate:therapeutic response: decreased anxiety, restlessness, insomnia."<br><br>On 8/25/11 at 8:25 A.M., the Director of Nursing (DON) was interviewed regarding the lack of an admission sleep assessment in regard to the initiation of the medication, Ativan at bedtime. The DON indicated she would look for more information. On 8/25/11 at 2:00 P.M., no documentation regarding an | | | |

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| | admission sleep assessment had been provided.<br><br>3. On 8/26/11 at 10:30 A.M., the facility policy (undated) entitled, "Psychotropic Drug Use" was reviewed. Documentation included but was not limited to:<br>"Psychopharmacological drugs will only be ordered to further enhance the mental and social well-being of the resident. Dosage and frequency will be determined by the resident's overall medical condition, tolerance for the medications, functional status, mental status and in consideration of manufacturer's guidelines and FDA indicators for use..."<br>"... Non-pharmacological interventions will be utilized first to manage behaviors when appropriate OR used in conjunction with pharmaceutical therapies."<br><br>"Antipsychotics & Anxiolytics: ... Anti-anxiety: these agents should be used for anxiety-related conditions, dementia with agitated states that is a source of distress or dysfunction, or panic disorders..."<br><br>3.1-48(b)(2) | | | |

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| F0441 SS=E | The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.<br><br>(a) Infection Control Program<br>The facility must establish an Infection Control Program under which it -<br>(1) Investigates, controls, and prevents infections in the facility;<br>(2) Decides what procedures, such as isolation, should be applied to an individual resident; and<br>(3) Maintains a record of incidents and corrective actions related to infections.<br><br>(b) Preventing Spread of Infection<br>(1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident.<br>(2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease.<br>(3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.<br><br>(c) Linens<br>Personnel must handle, store, process and transport linens so as to prevent the spread of infection.<br>Based on observation, interview and record review, the facility failed to ensure practices of infection control related to dressing changes, perineal care and medication administration | F0441 | F441 483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS I. LPN #3 has received initial and on-going training regarding infection control related to dressing changes, perineal | 09/28/2011 |

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| | were followed by 2 of 7 staff who were observed for infection control procedures ( LPN #3, CNA #2). This involved Resident #48, Resident # 23, Resident #12, Resident #16.<br><br>Findings include:<br><br>1. On 8/23/11 at 11:09 A.M., LPN # 3 was observed preparing to administer an intravenous (IV) antibiotic to Resident #48 without prior handwashing. The LPN indicated the antibiotic was for treatment of a coccyx wound, which was infected with Staphylococcus aureus. She also prepared oral medication for the resident to be given at the same time. She wrote a note with one of 2 pens she took out of her hair. She proceeded to the resident room without handwashing and applied gloves. She administered the antibiotic IV, set the pump, removed gloves, picked up supplies and opened packages from the room. She took it all back to the nurses station. She put some of the items on the medication cart, disposed of trash, handled keys and touched med cart edges. She indicated she needed to get into the med room so she got keys from RN # 1. She entered the medication room, | | care and medication administration and CNA #2 has received initial and on-going training regarding infection control related to perineal care. LPN #3 has since resigned her position.II. Surveillance rounds have been completed throughout the facility and reveal no other infection control issues related to dressing changes, perineal care and medication administration. III. The systemic change includes the addition of nursing administration surveillance rounds regarding infection control issues with emphasis on dressing changes, perineal care and medication administration on a monthly and as needed basis. Education will be offered to all nursing employees regarding Infection Control practices with emphasis on dressing changes, perineal care and medication administration. IV. The DON and/or her designee will conduct an audit of infection control protocol including direct observation of five nursing staff members during provision of perineal care weekly for three months then monthly for a total of 12 months. The DON and/or her designee will conduct an audit of infection control protocol during one dressing change and one administration of injectable medication weekly for three months, then monthly for a total of 12 months. Results of all audits | |

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| | adjusted the waste can by contacting the soiled inside of the plastic liner as she pulled it to a different position. Still without hand washing, she obtained the insulin for Resident # 12 after handling three insulin containers of other residents. She returned to the cart, layed material atop the cart and handed the keys back to RN #1. She prepared the insulin dose for Resident #12 and locked and straightened the cart position, placing cart keys back in her uniform pocket. She took her pen from the work surface of the cart and stuck it back in her hair. LPN # 3 then directly carried insulin to Resident #12 for administration. She applied gloves, gave the injection, removed gloves, returned to the medication cart and disposed of materials, obtained her pen from her hair and charted. She remained at the cart going through all the medication administration records. Throughout the total observation, the nurse failed to either wash or sanitize her hands.<br><br>2. On 8/24/11 at 1:05 P.M., LPN #3 was observed performing a dressing change and repositioning Resident # 23 with the assistance of CNA # 2. Both began the procedure without hand cleansing. | | will be reported to the Quality Assurance Committee monthly to assist with additional recommendations if necessary. Compliance Date: September 28,2011 | |

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| | LPN #3 got her pen from her hair and used it to date the new dressings she intended to apply. She then applied gloves, as did the CNA. The nurse removed two soiled abdominal dressings and applied the two new dressings without changing gloves or handwashing in between the handling of the dirty and clean dressings. She threw the soiled dressings in the open trash can at the resident's bedside.<br><br>She wore the same gloves to cleanse the resident's penis. CNA #2 wore gloves to cleanse the resident's buttocks and then used them to obtain a toothette with intention of providing oral care. The nurse, observing the activity, failed to provide direction. After being made aware of the soiled nature of the gloves, the CNA directly changed the gloves without handwashing and started oral care. The CNA was unable to reach the resident so the nurse removed her soiled gloves, applied new ones without handwashing and performed the oral care for the resident. She then gave the resident a sip of water. She threw the soiled gloves in the trash can with the dressings and left them behind in the trash can at the bedside. The nurse then went directly to the roommate, Resident #16. The | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 155703 | A. BUILDING 00<br>B. WING | 08/29/2011 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BROOKSIDE VILLAGE INC | 1111 CHURCH AVE<br>JASPER, IN47546 |

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| | nurse checked his left forearm dressing, touching it and inquiring how it was doing. Upon leaving the room, the nurse was interviewed and informed of the lack of handwashing. She stated "usually do that when I come out of the room."<br><br>3. The October 2010 Policy and Procedure for "Dressings, Dry/Clean" was reviewed and included the following excerpts:<br><br>"3. Tape a biohazard or plastic bag on the bedside stand or open on the bed...<br>7. Wash and dry your hands thoroughly....<br>8. Put on clean gloves. Loosen tape and remove soiled dressing...<br>9. Pull glove over dressing and discard into plastic or biohazard bag...<br>10. Wash and dry your hands thoroughly...<br>14. Put on clean gloves...cleanse and apply the new dressing...<br>19. Discard disposable items into designated container.<br>20. Remove disposable gloves and discard into designated container. Wash and dry your hands thoroughly...<br>24. Wash and dry your hands thoroughly." | | | |

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| | The April 2010 Handwashing/ Hand Hygiene Policy and Procedure was reviewed and included the following excerpts:<br><br>"5. Employees must wash their hands...<br>c. Before and after resident contact (for which hand hygiene is indicated by acceptable professional practice).<br>d. Before and after performing any invasive procedure (e.g. fingerstick blood sampling)...<br>k. Before and after changing a dressing...<br>l. Upon and after coming in contact with resident's intact skin (e.g. when taking a pulse or blood pressure, and lifting a resident)...<br>u. After removing gloves...<br>8. The use of gloves does not replace handwashing/hand hygiene..."<br><br>On 8/29/11 at 11:55 A.M., the Director of Nursing indicated she had been notified by staff of some infection control breaches and she was in the process of inservicing them.<br><br>3.1-18(b)(1)<br>3.1-18(l) | | | |

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